

B1 (Official Form 1)(04/13)

<b>United States Bankruptcy Court District of Maryland</b>		<b>Voluntary Petition</b>
Name of Debtor (if individual, enter Last, First, Middle): <b>The People's Community Health Centers, Inc.</b>		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>FDBA Medhealth of Maryland, Inc.</b>		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) <b>52-0905681</b>		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): <b>1734 Maryland Avenue Baltimore, MD</b> <div style="text-align: right;">ZIP Code <b>21201</b></div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right;">ZIP Code</div>
County of Residence or of the Principal Place of Business: <b>Baltimore City</b>		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):		
<b>Type of Debtor</b> (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check one box) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
<b>Chapter 15 Debtors</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:	<b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<b>Nature of Debts</b> (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Chapter 11 Debtors</b> Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 ( <i>amount subject to adjustment on 4/01/16 and every three years thereafter</i> ). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
<b>Estimated Number of Creditors</b> <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000		
<b>Estimated Assets</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
<b>Estimated Liabilities</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**The People's Community Health Centers, Inc.****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location Where Filed: <b>District of Maryland</b>	Case Number: <b>14-28461</b>	Date Filed: <b>12/04/14</b>
Location Where Filed:	Case Number:	Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor: <b>- None -</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

**X**

Signature of Attorney for Debtor(s)

(Date)

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No.

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☐ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

**The People's Community Health Centers, Inc.****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
Signature of Debtor

**X** \_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Telephone Number (If not represented by attorney)

\_\_\_\_\_  
Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_  
Signature of Foreign Representative

\_\_\_\_\_  
Printed Name of Foreign Representative

\_\_\_\_\_  
Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
Address

**X** \_\_\_\_\_  
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.*

**Signature of Attorney\***

**X** /s/ Michael S. Myers  
Signature of Attorney for Debtor(s)

Michael S. Myers 28450

Printed Name of Attorney for Debtor(s)

Scarlett & Croll, P.A.

Firm Name

201 N. Charles St.

Suite 600

Baltimore, MD 21201

\_\_\_\_\_  
Address

410-468-3100 Fax: 410-332-4026

\_\_\_\_\_  
Telephone Number

January 7, 2015

\_\_\_\_\_  
Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ William A. Green  
Signature of Authorized Individual

William A. Green

Printed Name of Authorized Individual

Managing Agent

Title of Authorized Individual

January 7, 2015

\_\_\_\_\_  
Date

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court  
District of Maryland**

In re **The People's Community Health Centers, Inc.**

Debtor(s)

Case No.

Chapter

**11**

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
<b>Advance Business Systems P.O. Box 759319 Baltimore, MD 21275</b>	<b>Advance Business Systems P.O. Box 759319 Baltimore, MD 21275</b>			<b>36,378.00</b>
<b>Barbara Einzig c/o Mary Keating 728 Deepdene Road Baltimore, MD 21210</b>	<b>Barbara Einzig c/o Mary Keating 728 Deepdene Road Baltimore, MD 21210</b>		<b>Disputed</b>	<b>30,000.00</b>
<b>Barton &amp; Associates c/o Renita L Collins, Esq Weinstock, Friedman &amp; Friedman 4 Reservoir Circle, Second Floor Pikesville, MD 21208</b>	<b>Barton &amp; Associates c/o Renita L Collins, Esq Weinstock, Friedman &amp; Friedman Pikesville, MD 21208</b>			<b>106,275.00</b>
<b>BB&amp;T O.O. Box 580050 Charlotte, NC 28258</b>	<b>BB&amp;T O.O. Box 580050 Charlotte, NC 28258</b>	<b>3026 Greenmount Ave. (1st lien) and 3011-3013 Greenmount (1st lien) 3028&amp;3030 Greenmount (2nd lien up to \$143,000)</b>		<b>478,409.00  (65,000.00 secured)</b>
<b>Chesapeake Industrial Leasing Co., Inc. 9512 Harford Road Parkville, MD 21234</b>	<b>Chesapeake Industrial Leasing Co., Inc. 9512 Harford Road Parkville, MD 21234</b>		<b>Disputed</b>	<b>139,487.00</b>
<b>City of Baltimore Bureau of Revenue Collections 200 Holliday St. Baltimore, MD 21202</b>	<b>City of Baltimore Bureau of Revenue Collections 200 Holliday St. Baltimore, MD 21202</b>	<b>Property Tax</b>		<b>65,911.00</b>
<b>Cloverland Boulard &amp; Brush, LLC 201 N. Charles Street Baltimore, MD 21201</b>	<b>Cloverland Boulard &amp; Brush, LLC 201 N. Charles Street Baltimore, MD 21201</b>			<b>31,898.00</b>

B4 (Official Form 4) (12/07) - Cont.

In re **The People's Community Health Centers, Inc.**

Case No. \_\_\_\_\_

Debtor(s)

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
<b>Comptroller of Maryland Revenue Administration Division 110 Carroll Street Annapolis, MD 21411-0001</b>	<b>Comptroller of Maryland Revenue Administration Division 110 Carroll Street Annapolis, MD 21411-0001</b>			<b>535,650.37</b>
<b>Department of Health and Human Services Debt Collection Center 12501 Ardennes Ave. Suite 200 Rockville, MD 20857</b>	<b>Department of Health and Human Services Debt Collection Center 12501 Ardennes Ave. Rockville, MD 20857</b>	<b>Return of Grant money that has not been accounted for</b>	<b>Disputed</b>	<b>2,251,655.00</b>
<b>DLLR 111 Carroll St. Annapolis, MD 21411</b>	<b>DLLR 111 Carroll St. Annapolis, MD 21411</b>			<b>111,004.00</b>
<b>Dunbar Security Systems Receivables Control Corporation P.O. Box 9658 Minneapolis, MN 55440</b>	<b>Dunbar Security Systems Receivables Control Corporation P.O. Box 9658 Minneapolis, MN 55440</b>			<b>28,568.00</b>
<b>Feldsman, Tucker, Leifer, Fidell, LLP 1129 20th St. NW 4th floor Washington, DC 20036</b>	<b>Feldsman, Tucker, Leifer, Fidell, LLP 1129 20th St. NW 4th floor Washington, DC 20036</b>			<b>41,561.00</b>
<b>G.E. Healthcare c/o Brett Matuny D&amp;S, Ltd. Austin, TX 78750</b>	<b>G.E. Healthcare c/o Brett Matuny D&amp;S, Ltd. Austin, TX 78750</b>			<b>117,040.00</b>
<b>Group Benefit Services, Inc. 6 North Park Drive Cockeysville, MD 21030</b>	<b>Group Benefit Services, Inc. 6 North Park Drive Cockeysville, MD 21030</b>			<b>20,214.00</b>
<b>IRS 31 Hopkins Plaza Baltimore, MD 21201</b>	<b>IRS 31 Hopkins Plaza Baltimore, MD 21201</b>			<b>660,000.00</b>
<b>M&amp;T Bank 25 S. Charles Street Baltimore, MD 21201</b>	<b>M&amp;T Bank 25 S. Charles Street Baltimore, MD 21201</b>	<b>1135 Reece Road</b>	<b>Unliquidated</b>	<b>251,775.00</b>  <b>(200,000.00 secured)</b>
<b>MAK Funding 180 S. Western Ave. #110 Carpentersville, IL 60110</b>	<b>MAK Funding 180 S. Western Ave. #110 Carpentersville, IL 60110</b>	<b>Dental Equipment</b>	<b>Unliquidated</b>	<b>150,000.00</b>  <b>(0.00 secured)</b>
<b>Pioneer RX 408 Kay Lane Shreveport, LA 71115</b>	<b>Pioneer RX 408 Kay Lane Shreveport, LA 71115</b>	<b>Technical equipment</b>		<b>43,734.00</b>

B4 (Official Form 4) (12/07) - Cont.

In re **The People's Community Health Centers, Inc.**

Case No. \_\_\_\_\_

Debtor(s)

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
<b>Ross, Langan &amp; McKendree, LLP</b> <b>7900 Westpark Dr.</b> <b>Suite T420</b> <b>Mc Lean, VA 22102</b>	<b>Ross, Langan &amp; McKendree, LLP</b> <b>7900 Westpark Dr.</b> <b>Suite T420</b> <b>Mc Lean, VA 22102</b>	<b>Accounting Services</b>		<b>28,800.00</b>
<b>Tier One Technology Partners</b> <b>1131 McCormick Road</b> <b>Suite 100</b> <b>Hunt Valley, MD 21031</b>	<b>Tier One Technology Partners</b> <b>1131 McCormick Road</b> <b>Suite 100</b> <b>Hunt Valley, MD 21031</b>			<b>35,969.00</b>

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the Managing Agent of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date January 7, 2015

Signature /s/ William A. Green  
**William A. Green**  
**Managing Agent**

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
 18 U.S.C. §§ 152 and 3571.

B 6 Summary (Official Form 6 - Summary) (12/13)

**United States Bankruptcy Court**  
**District of Maryland**

In re **The People's Community Health Centers, Inc.**,  
 Debtor

Case No. \_\_\_\_\_

Chapter **11**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	<b>1</b>	<b>2,541,000.00</b>		
B - Personal Property	<b>Yes</b>	<b>4</b>	<b>505,100.00</b>		
C - Property Claimed as Exempt	<b>No</b>	<b>0</b>			
D - Creditors Holding Secured Claims	<b>Yes</b>	<b>2</b>		<b>2,264,265.69</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	<b>2</b>		<b>1,372,565.37</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	<b>11</b>		<b>3,094,613.27</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	<b>1</b>			
H - Codebtors	<b>Yes</b>	<b>1</b>			
I - Current Income of Individual Debtor(s)	<b>No</b>	<b>0</b>			<b>N/A</b>
J - Current Expenditures of Individual Debtor(s)	<b>No</b>	<b>0</b>			<b>N/A</b>
Total Number of Sheets of ALL Schedules		<b>22</b>			
Total Assets			<b>3,046,100.00</b>		
Total Liabilities				<b>6,731,444.33</b>	

**United States Bankruptcy Court**  
**District of Maryland**

In re **The People's Community Health Centers, Inc.**,  
 Debtor

Case No. \_\_\_\_\_

Chapter **11**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- ☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

**State the following:**

Average Income (from Schedule I, Line 12)	
Average Expenses (from Schedule J, Line 22)	
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20 )	

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

In re **The People's Community Health Centers, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
<b>1734 Maryland Avenue Baltimore, MD 21201</b>	<b>Fee Simple</b>	-	<b>1,000,000.00</b>	<b>996,845.69</b>
<b>1135 Reece Road</b>	<b>Fee Simple</b>	-	<b>200,000.00</b>	<b>251,775.00</b>
<b>3028-3032 Greenmount Ave. Baltimore, MD 21218</b>	<b>Fee Simple</b>	-	<b>425,000.00</b>	<b>383,339.00</b>
<b>1715-1721 Maryland Ave. Baltimore, MD 21201</b>	<b>Fee Simple</b>	-	<b>200,000.00</b>	<b>0.00</b>
<b>3011-13 Greenmount Ave. Baltimore, MD 21218</b>	<b>Fee Simple</b>	-	<b>75,000.00</b>	<b>0.00</b>
<b>1370 Odenton Road</b>	<b>Fee Simple</b>	-	<b>576,000.00</b>	<b>3,897.00</b>
<b>3026 Greenmount Ave.</b>		-	<b>65,000.00</b>	<b>478,409.00</b>

Sub-Total >	<b>2,541,000.00</b>	(Total of this page)
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Total >	<b>2,541,000.00</b>
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(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **The People's Community Health Centers, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petitioner is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	<b>X</b>			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>PNC checking account</b>	<b>-</b>	<b>100.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	<b>X</b>			
4. Household goods and furnishings, including audio, video, and computer equipment.	<b>X</b>			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	<b>X</b>			
6. Wearing apparel.	<b>X</b>			
7. Furs and jewelry.	<b>X</b>			
8. Firearms and sports, photographic, and other hobby equipment.	<b>X</b>			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		<b>Claim against Directors and Officers Insurance Policy</b>	<b>-</b>	<b>Unknown</b>
10. Annuities. Itemize and name each issuer.	<b>X</b>			

Sub-Total > **100.00**  
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

In re **The People's Community Health Centers, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<b>X</b>			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		<b>12.50 % ownership interest in Maryland Community Health Systems, Inc. (MCHS) (MCHS owns 50% of Priority Partners) (Debtor receives distribution of approximately \$55,000 per month from Priority Partners) (Sale of Priority Partners by MCHS could yield over \$10,000,000.00)</b>	-	<b>Unknown</b>
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<b>X</b>			
16. Accounts receivable.		<b>HRSA 330 Grant reimbursement (contingent upon meeting grant conditions)</b>	-	<b>380,000.00</b>
		<b>Account recievables</b>	-	<b>100,000.00</b>
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			

Sub-Total > **480,000.00**  
(Total of this page)

Sheet 1 of 3 continuation sheets attached  
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **The People's Community Health Centers, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	<b>X</b>			
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.		<b>Office equipment, desks, computers, file cabinets</b>	-	<b>15,000.00</b>
		<b>Micellaneous Medical and Dental equipment</b>	-	<b>10,000.00</b>
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			

Sub-Total > **25,000.00**  
(Total of this page)

Sheet 2 of 3 continuation sheets attached  
to the Schedule of Personal Property

In re The People's Community Health Centers, Inc., Case No. \_\_\_\_\_  
Debtor

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			

B6D (Official Form 6D) (12/07)

In re **The People's Community Health Centers, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			<b>Judgment Lien</b>					
<b>AMJ Lawn and Landscaping, Inc.</b> <b>Post Office Box 344</b> <b>Pasadena, MD 21123</b>		-	<b>1370 Odenton Road</b>					
			Value \$ <b>576,000.00</b>				<b>3,897.00</b>	<b>0.00</b>
Account No.			<b>3026 Greenmount Ave. (1st lien)</b> <b>and</b> <b>3011-3013 Greenmount (1st lien)</b> <b>3028&amp;3030 Greenmount (2nd lien up to</b> <b>\$143,000)</b>					
<b>BB&amp;T</b> <b>O.O. Box 580050</b> <b>Charlotte, NC 28258</b>		-						
			Value \$ <b>65,000.00</b>				<b>478,409.00</b>	<b>413,409.00</b>
Account No.			<b>Software</b>					
<b>Damascus Community Bank</b> <b>26500 Ridge Road</b> <b>Damascus, MD 20872</b>		-						
			Value \$ <b>0.00</b>				<b>0.00</b>	<b>0.00</b>
Account No.			<b>First lien</b>					
<b>Fairview Investment Fund I, LLC</b> <b>1512 11th St. Suite 208</b> <b>Santa Monica, CA 90401</b>		-	<b>1734 Maryland Avenue</b> <b>Baltimore, MD 21201</b> <b>and</b> <b>1715-1721 Maryland Ave.</b>					
			Value \$ <b>1,000,000.00</b>				<b>996,845.69</b>	<b>0.00</b>
Subtotal (Total of this page)							<b>1,479,151.69</b>	<b>413,409.00</b>

1 continuation sheets attached

B6D (Official Form 6D) (12/07) - Cont.

In re The People's Community Health Centers, Inc.,  
Debtor

Case No. \_\_\_\_\_

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			<b>First Lien</b>					
<b>M&amp;T Bank</b> <b>25 S. Charles Street</b> <b>Baltimore, MD 21201</b>		-	<b>1135 Reece Road</b>		X			
			Value \$ <b>200,000.00</b>				<b>251,775.00</b>	<b>51,775.00</b>
Account No.			<b>Dental Equipment</b>					
<b>MAK Funding</b> <b>180 S. Western Ave.</b> <b>#110</b> <b>Carpentersville, IL 60110</b>		-			X			
			Value \$ <b>0.00</b>				<b>150,000.00</b>	<b>150,000.00</b>
Account No.			<b>First Lien</b>					
<b>Partners for the Common Good, Inc.</b> <b>1444 Eye Street</b> <b>Washington, DC 20005</b>		-	<b>3028-3032 Greenmount Ave.</b> <b>Baltimore, MD 21218</b> <b>and</b> <b>3011 Greenmount Ave.</b>		X			
			Value \$ <b>425,000.00</b>				<b>383,339.00</b>	<b>0.00</b>
Account No.			<b>Server Hardware</b>					
<b>Susquehanna Commercial Finance</b> <b>2 Country View Road, Suite 300</b> <b>Malvern, PA 19355</b>		-						
			Value \$ <b>Unknown</b>				<b>Unknown</b>	<b>Unknown</b>
Account No.								
			Value \$					
Subtotal (Total of this page)							<b>785,114.00</b>	<b>201,775.00</b>
Total (Report on Summary of Schedules)							<b>2,264,265.69</b>	<b>615,184.00</b>

Sheet 1 of 1 continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

In re **The People's Community Health Centers, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/13) - Cont.

In re The People's Community Health Centers, Inc.  
Debtor

Case No. \_\_\_\_\_

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)**Taxes and Certain Other Debts  
Owed to Governmental Units**

## TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			<b>Property Tax</b>				<b>65,911.00</b>	
<b>City of Baltimore Bureau of Revenue Collections 200 Holliday St. Baltimore, MD 21202</b>		-						<b>65,911.00</b>
								<b>0.00</b>
Account No.							<b>535,650.37</b>	
<b>Comptroller of Maryland Revenue Administration Division 110 Carroll Street Annapolis, MD 21411-0001</b>		-						<b>0.00</b>
								<b>535,650.37</b>
Account No.							<b>111,004.00</b>	
<b>DLLR 111 Carroll St. Annapolis, MD 21411</b>		-						<b>0.00</b>
								<b>111,004.00</b>
Account No.							<b>660,000.00</b>	
<b>IRS 31 Hopkins Plaza Baltimore, MD 21201</b>		-						<b>0.00</b>
								<b>660,000.00</b>
Account No.								

Sheet 1 of 1 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority ClaimsSubtotal  
(Total of this page)**65,911.00**  
**1,372,565.37**      **1,306,654.37**Total  
(Report on Summary of Schedules)**65,911.00**  
**1,372,565.37**      **1,306,654.37**

B6F (Official Form 6F) (12/07)

In re **The People's Community Health Centers, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D  W I F E  J O I N T  C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>A.R.M. Solutions, Inc.</b> <b>P.O. Box 933027</b> <b>Carol Stream, IL 60197</b>		-					<b>5,588.00</b>
Account No.  <b>ADT Security Systems</b> <b>PO Box 371878</b> <b>Pittsburgh, PA 15250</b>		-					<b>283.00</b>
Account No.  <b>Advance Business Systems</b> <b>P.O. Box 759319</b> <b>Baltimore, MD 21275</b>		-					<b>36,378.00</b>
Account No.  <b>Allpest Exterminators</b> <b>4 Nashua Court Bay19</b> <b>Essex, MD 21221</b>		-					<b>330.00</b>
Subtotal (Total of this page)							<b>42,579.00</b>

10 continuation sheets attached

Case No. \_\_\_\_\_

(Continuation Sheet)

### Best Case Bankruptcy

B6F (Official Form 6F) (12/07) - Cont.

In re **The People's Community Health Centers, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>Bay Engineering, Inc.</b> <b>2661 Riva Rd.</b> <b>Annapolis, MD 21401</b>	-					<b>2,822.00</b>
Account No.						
<b>BGE</b> <b>PO Box 13070</b> <b>Philadelphia, PA 19101</b>	-					<b>7,011.00</b>
Account No.						
<b>C3 Conferencing, Inc.</b> <b>P.O. Box 10583</b> <b>Birmingham, AL 35202</b>	-	<b>Conference Calls</b>				<b>4,929.00</b>
Account No.						
<b>Central Collection Unit</b> <b>300 W. Preston Street</b> <b>5th Floor</b> <b>Baltimore, MD 21201</b>	-					<b>1,339.00</b>
Account No.						
<b>Chesapeake Industrial Leasing Co., Inc.</b> <b>9512 Harford Road</b> <b>Parkville, MD 21234</b>	-				<b>X</b>	<b>139,487.00</b>
Sheet no. <u>2</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>155,588.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **The People's Community Health Centers, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
<b>Cloverland Boulard &amp; Brush, LLC 201 N. Charles Street Baltimore, MD 21201</b>	-					<b>31,898.00</b>
Account No.		<b>Accounting</b>				
<b>CohnRexnick, LLP 1212 Avenue of the Americas New York, NY 10036</b>	-					<b>6,215.00</b>
Account No.						
<b>Criminal Justice Information Systems Central Repository PO Box 32625 Baltimore, MD 21282</b>	-					<b>654.00</b>
Account No.						
<b>Dental Power International, Inc. 205 Lloyd St. Suite 101 Carrboro, NC 27510</b>	-					<b>259.00</b>
Account No.		<b>Return of Grant money that has not been accounted for</b>				
<b>Department of Health and Human Services Debt Collection Center 12501 Ardennes Ave. Suite 200 Rockville, MD 20857</b>	-				<b>X</b>	<b>2,251,655.00</b>
Sheet no. <u>3</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
						<b>Subtotal (Total of this page)</b>
						<b>2,290,681.00</b>

Case No. \_\_\_\_\_

(Continuation Sheet)

### Best Case Bankruptcy

B6F (Official Form 6F) (12/07) - Cont.

In re **The People's Community Health Centers, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>FirstPoint Collection Resources, Inc.</b> <b>225 Commerce Place</b> <b>Greensboro, NC 27402</b>	-					<b>66.00</b>
Account No.						
<b>G.E. Healthcare</b> <b>c/o Brett Matuny</b> <b>D&amp;S, Ltd.</b> <b>Austin, TX 78750</b>	-					<b>117,040.00</b>
Account No.						
<b>GlaxoSmithKline</b> <b>P.O. Box 740415</b> <b>Atlanta, GA 30374</b>	-					<b>7,181.00</b>
Account No.						
<b>Gordon Feinblatt</b> <b>233 Redwood St.</b> <b>Baltimore, MD 21202</b>	-	<b>Legal Services</b>				<b>11,194.86</b>
Account No.						
<b>Group Benefit Services, Inc.</b> <b>6 North Park Drive</b> <b>Cockeysville, MD 21030</b>	-					<b>20,214.00</b>
Sheet no. <u>5</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>155,695.86</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **The People's Community Health Centers, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
<b>Henry Schein, Inc. PO Box 382060 Pittsburgh, PA 15250</b>	-					<b>304.00</b>
Account No.						
<b>Henry's Landscaping 1 Bradbury Rd. Owings Mills, MD 21117</b>	-					<b>10,410.00</b>
Account No.		<b>Legal fees</b>				
<b>Linowes and Blocher, LLP 7200 Wisconsin Ave. Bethesda, MD 20814</b>	-					<b>843.00</b>
Account No.						
<b>Maxim Staffing Solutions 12558 Collections Center, Dr. Chicago, IL 60693</b>	-					<b>19,879.00</b>
Account No.		<b>Medical supplies</b>				
<b>McKesson Medical Surgical P.O. Box 933027 Atlanta, GA 31193</b>	-					<b>6,816.00</b>
Sheet no. <u>6</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
						<b>Subtotal (Total of this page)</b>
						<b>38,252.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **The People's Community Health Centers, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>Medline Insutries</b> <b>PO Box 382075</b> <b>Pittsburgh, PA 15251</b>	-					<b>55.00</b>
Account No.						
<b>Mt. Vernon Pharmacy</b> <b>900 Cathedral St.</b> <b>Baltimore, MD 21201</b>	-	<b>Meds</b>				<b>2,748.00</b>
Account No.						
<b>Open Door Unlimited, Inc.</b> <b>P.O. Box 5506</b> <b>Statesville, NC 28687</b>	-	<b>Staffing</b>				<b>14,000.00</b>
Account No.						
<b>Pioneer RX</b> <b>408 Kay Lane</b> <b>Shreveport, LA 71115</b>	-	<b>Technical equipment</b>				<b>43,734.00</b>
Account No.						
<b>Pitney Bowes</b> <b>P.O. Box 62098</b> <b>Pittsburgh, PA 15250</b>	-					<b>3,245.00</b>
Sheet no. <u>7</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>63,782.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **The People's Community Health Centers, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>Roberts Oxygen Company, Inc.</b> <b>15830 Redland Rd.</b> <b>Derwood, MD 20855</b>		-				<b>1,763.00</b>
Account No.						
<b>Ross, Langan &amp; McKendree, LLP</b> <b>7900 Westpark Dr.</b> <b>Suite T420</b> <b>Mc Lean, VA 22102</b>		-				<b>28,800.00</b>
Account No.						
<b>RxCeutical</b> <b>1021 North Garfield St.</b> <b>Sutie 819</b> <b>Arlington, VA 22201</b>		-				<b>231.00</b>
Account No.						
<b>Secure Waste, Inc.</b> <b>PO Box 457</b> <b>Damascus, MD 20872</b>		-				<b>699.00</b>
Account No.						
<b>Shaffer, McLauchlin &amp; Stover, LLC</b> <b>836 South Main Street</b> <b>Suite 102</b> <b>Bel Air, MD 21014</b>		-				<b>4,245.00</b>
Sheet no. <u>8</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>35,738.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **The People's Community Health Centers, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Interior Construction</b>				
<b>Sheffield Construction Co. Inc.</b> <b>678 Ritchie Hwy</b> <b>Severna Park, MD 21146</b>	-					<b>14,000.00</b>
Account No.		<b>Legal services</b>				
<b>Silverman Thompson Slutkin &amp; White</b> <b>201 N. Charles Street</b> <b>Suite 2600</b> <b>Baltimore, MD 21201</b>	-					<b>6,632.00</b>
Account No.						
<b>Superior Drug Testing</b> <b>8050 Philidelphia Rd.</b> <b>Rosedale, MD 21237</b>	-					<b>2,701.00</b>
Account No.						
<b>The Afro American Newspaper</b> <b>2519 N. Charles Street</b> <b>Baltimore, MD 21218</b>	-					<b>256.00</b>
Account No.						
<b>Tier One Technology Partners</b> <b>1131 McCormick Road</b> <b>Suite 100</b> <b>Hunt Valley, MD 21031</b>	-					<b>35,969.00</b>
Sheet no. <u>9</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>59,558.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **The People's Community Health Centers, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
<b>University of Maryland Medical Center The University of Maryland Outreach Lab P.O. Box 62098 Baltimore, MD 21264</b>	-					<b>6,966.00</b>
Account No.						
<b>Verizon Wireless PO Box 11328 Saint Petersburg, FL 33733</b>	-					<b>644.00</b>
Account No.						
<b>Waste Management of Maryland, Inc. P.O. Box 13648 Philadelphia, PA 19101</b>	-			X		<b>3,200.00</b>
Account No.		<b>Interpreting</b>				
<b>World Wide Interpreters 516 Missouri St. South Houston, TX 77587</b>	-					<b>7,519.41</b>
Account No.						
Sheet no. <b>10</b> of <b>10</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b> <b>18,329.41</b>
(Report on Summary of Schedules)						<b>Total 3,094,613.27</b>

In re **The People's Community Health Centers, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
<b>Chesapeake Industrial Leasing Co., Inc.</b> <b>P.O. Box 1</b> <b>Damascus, MD 20872</b>	<b>Lease of Computer Software</b>
<b>Dell Financial Services, L.P.</b> <b>12234 N. IH-35, Bldg B</b> <b>Austin, TX 78753</b>	<b>Computer equipment</b>
<b>Insight Financial Corporation Profit</b> <b>Plan &amp; Trust</b> <b>707 Skokie Blvd, Suite 600</b> <b>Northbrook, IL 60062</b>	<b>Blackberrys</b>
<b>Royal Bank America Leasing</b> <b>550 Township Line Road</b> <b>Suite 425</b> <b>Blue Bell, PA 19422</b>	<b>EHR interface and user bundles</b>

In re The People's Community Health Centers, Inc., Case No. \_\_\_\_\_  
Debtor

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
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B6 Declaration (Official Form 6 - Declaration). (12/07)

**United States Bankruptcy Court  
District of Maryland**

In re **The People's Community Health Centers, Inc.**

Debtor(s)

Case No.  
Chapter

**11**

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the Managing Agent of the corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **24** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **January 7, 2015**

Signature **/s/ William A. Green**  
**William A. Green**  
**Managing Agent**

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court  
District of Maryland**

In re **The People's Community Health Centers, Inc.**

Debtor(s)

Case No.

Chapter

**11**

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

---

**1. Income from employment or operation of business**

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

**\$10,185,390.00**

SOURCE

**2012 Income from operations****\$12,382,776.00****2011 Income from operations****\$0.00****2013 Income from operations - unknown at present****\$0.00****2014 Income from operations - unknown at present**


---

**2. Income other than from employment or operation of business**

None

☒

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

B7 (Official Form 7) (04/13)

2**3. Payments to creditors**

None

**Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS  
OF CREDITORDATES OF  
PAYMENTS

AMOUNT PAID

AMOUNT STILL  
OWING

None



b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF  
PAYMENTS/  
TRANSFERSAMOUNT  
PAID OR  
VALUE OF  
TRANSFERSAMOUNT STILL  
OWING

None



c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND  
RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL  
OWING**4. Suits and administrative proceedings, executions, garnishments and attachments**

None



a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT  
AND CASE NUMBER  
**Fisher v. Casset, et al**  
**03-C-14010862**NATURE OF  
PROCEEDING  
**Tort**COURT OR AGENCY  
AND LOCATION  
**Baltimore City Circuit Court**STATUS OR  
DISPOSITION  
**Pending****AMJ Lawn and Landscaping Inc. v. People's**  
**Community Health Center**  
**02-L-14010790****Contract****Anne Arundel County Circuit Court****Judgement**  
**Entered****Arundel Village Plaza, LLC v. People's**  
**Community Health Center, Inc.**  
**02-C-1418596****Breach of Lease****Anne Arundel Circuit Court****Pending****Lelin Chao v. People's Community Health Center**  
**02-C-13-183022****Unpaid wages****Anne Arundel Circuit Court****Stipulated**  
**dismissal****Mayor and City Counsel of Baltimore**  
**0101-0018308-2013****Injunction****District Court for Baltimore City****Dismissed****Barton & Associates, Inc. v. The People's**  
**Community Health Center, Inc.**  
**1:14-cv-01312****Contract****U.S. District Court for the District of**  
**Massachusetts****Pending**

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B7 (Official Form 7) (04/13)

3

CAPTION OF SUIT  
AND CASE NUMBER**Mayor & City Council of Baltimore v. Medhealth  
of Maryland, Inc.**NATURE OF  
PROCEEDING**contract**COURT OR AGENCY  
AND LOCATION**District Court of Baltimore City**STATUS OR  
DISPOSITION**judgment  
entered****Arundel Village Plaza, LLC v. Medhealth of  
Maryland, Inc.****Breach of  
Contract****Circuit Court for Baltimore City****pending**

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE  
BENEFIT PROPERTY WAS SEIZED**Internal Revenue Service  
PO Box 219690  
Kansas City, MO 64121-9690**

## DATE OF SEIZURE

**monthly**DESCRIPTION AND VALUE OF  
PROPERTY**IRS levied monthly distributions from Priority  
Partners of approximatley \$58,000.00 per month  
since May, 2014****Internal Revenue Service  
PO Box 219690  
Kansas City, MO 64121-9690****Periodically****It is believed the IRS levied insurance companys'  
payments in 2014. The approximate amount is  
unknown.****5. Repossessions, foreclosures and returns**

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF  
CREDITOR OR SELLERDATE OF REPOSSESSION,  
FORECLOSURE SALE,  
TRANSFER OR RETURNDESCRIPTION AND VALUE OF  
PROPERTY**6. Assignments and receiverships**

None



a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

## NAME AND ADDRESS OF ASSIGNEE

DATE OF  
ASSIGNMENT

## TERMS OF ASSIGNMENT OR SETTLEMENT

None



b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS  
OF CUSTODIANNAME AND LOCATION  
OF COURT  
CASE TITLE & NUMBERDATE OF  
ORDERDESCRIPTION AND VALUE OF  
PROPERTY**7. Gifts**

None



List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF  
PERSON OR ORGANIZATIONRELATIONSHIP TO  
DEBTOR, IF ANY

## DATE OF GIFT

DESCRIPTION AND  
VALUE OF GIFT

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**8. Losses**

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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**9. Payments related to debt counseling or bankruptcy**

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Scarlett, Croll & Myers, P.A. 201 N. Charles Street, Suite 600 Baltimore, MD 21201	January 7, 2015	\$10,000.00

**10. Other transfers**

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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**11. Closed financial accounts**

- None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
Unknown		

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**12. Safe deposit boxes**

None

☐

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
Bank of America		unknown	

**13. Setoffs**

None

☒

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF

**14. Property held for another person**

None

☒

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY

**15. Prior address of debtor**

None

☒

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY

**16. Spouses and Former Spouses**

None

☒

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

☒

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

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SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
---------------------------------------	---------------	-----------------------

**18 . Nature, location and name of business**

None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Maryland Community Health System, Inc.	Unknown at this time	802 Cromwell Park Drive, Suite V Glen Burnie, MD 21061	Health Care	Unknown at this time

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

**19. Books, records and financial statements**

None ☒ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

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## NAME AND ADDRESS

## DATES SERVICES RENDERED

None

☐

b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

## NAME

RLM, CPA

## ADDRESS

7900 Westpark Drive  
Suite T420  
Mc Lean, VA 22102

## DATES SERVICES RENDERED

Audit March, 2013

Claxton and Company, P.C.

7500 Greenway Center Drive  
Suite 1100  
Greenbelt, MD 20770

Limited Scope Review - December 2013

None

☐

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

## NAME

## ADDRESS

## Explanation

Hard copies of records are located at 1734 Maryland Ave. Some files have been boxed up and stacked along the walls. Other files are still in file cabinets. The organization of the files has not been ascertained. All business operations ceased in June, 2014. No employees remain.

All electronic accounting records are inaccessible until the Debtor pays for access to passcodes to get entry into the accounting system and payroll system.

None

☐

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

## NAME AND ADDRESS

## DATE ISSUED

Unknown at this time

---

**20. Inventories**

None

☐

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

## DATE OF INVENTORY

## INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY  
(Specify cost, market or other basis)

Unknown at this time

None

☐

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

## DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY  
RECORDS

Unknown at this time

Unknown at this time

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**21. Current Partners, Officers, Directors and Shareholders**

None

☒

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

## NAME AND ADDRESS

## NATURE OF INTEREST

## PERCENTAGE OF INTEREST

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- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
<b>Non-Stock, non- profit organization</b>		
<b>No officers are curently employed</b>		
<b>Carlos Zigel, MD</b>	<b>Chairman of the Board of Trustees</b>	<b>None</b>
<b>Rhonda Bedell, CPA</b>	<b>Treasurer of the Board of Trustees</b>	<b>none</b>
<b>R. Dobbin Chow, MD</b>	<b>Secretary of the Board of Trustees</b>	<b>none</b>
<b>Jane Halpren, MD</b>	<b>Member, Board of Trustees</b>	<b>none</b>
<b>Desiree de la Torre</b>	<b>Member, Board of Trustees</b>	<b>none</b>
<b>Anne Y.F. Lin</b>	<b>Trustee</b>	<b>none</b>
<b>Bonnie Robeson</b>	<b>Trustee</b>	<b>none</b>

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**22 . Former partners, officers, directors and shareholders**

- None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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- None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
<b>Patricia Cassett</b>	<b>Chief Executive Officer</b>	<b>February, 2014</b>
<b>Stacy Furling</b>	<b>Chief Executive Officer</b>	<b>June, 2014</b>
<b>Jacob Goldstein</b>	<b>Chief Financial Officer</b>	<b>November, 2014</b>

---

**23 . Withdrawals from a partnership or distributions by a corporation**

- None ☒ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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**24. Tax Consolidation Group.**

None ☒ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

**25. Pension Funds.**

None ☐ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

**Unknown at this time**

\* \* \* \* \*

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date January 7, 2015

Signature /s/ William A. Green  
**William A. Green**  
**Managing Agent**

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

**United States Bankruptcy Court**  
**District of Maryland**

In re **The People's Community Health Centers, Inc.**,  
 Debtor

Case No. \_\_\_\_\_

Chapter **11**

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007(a)(3) for filing in this chapter 11 case.

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
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**None**

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the Managing Agent of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **January 7, 2015**

Signature **/s/ William A. Green**  
**William A. Green**  
**Managing Agent**

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
 18 U.S.C §§ 152 and 3571.

**United States Bankruptcy Court  
District of Maryland**

In re **The People's Community Health Centers, Inc.**

Debtor(s)

Case No.

Chapter

**11**

**VERIFICATION OF CREDITOR MATRIX**

I, the Managing Agent of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **January 7, 2015**

**/s/ William A. Green**

**William A. Green/Managing Agent**

Signer/Title

A.R.M. Solutions, Inc.  
P.O. Box 933027  
Carol Stream, IL 60197

ADT Security Systems  
PO Box 371878  
Pittsburgh, PA 15250

Advance Business Systems  
P.O. Box 759319  
Baltimore, MD 21275

Allpest Exterminators  
4 Nashua Court Bay19  
Essex, MD 21221

AMJ Lawn and Landscaping, Inc.  
Post Office Box 344  
Pasadena, MD 21123

Arundel Cooling & Heating  
707 Nursery Rd.  
Linthicum, MD  
Linthicum Heights, MD 21090

Atlantic Biomedical Company  
4707 Benson Ave.  
Halethorpe, MD 21227

Atlantic Biomedical Company  
4707 Benson Ave.  
Suite 101  
Halethorpe, MD 21227

Barbara Einzig  
c/o Mary Keating  
728 Deepdene Road  
Baltimore, MD 21210

Barton & Associates  
c/o Renita L Collins, Esq  
Weinstock, Friedman & Friedman  
4 Reservoir Circle, Second Floor  
Pikesville, MD 21208

Bay Engineering, Inc.  
2661 Riva Rd.  
Annapolis, MD 21401

BB&T  
O.O. Box 580050  
Charlotte, NC 28258

BGE  
PO Box 13070  
Philadelphia, PA 19101

Brian Lyman, Esq.  
221 Duke of Gloucester St.  
Annapolis, MD 21401

C3 Conferencing, Inc.  
P.O. Box 10583  
Birmingham, AL 35202

Central Collection Unit  
300 W. Preston Street  
5th Floor  
Baltimore, MD 21201

Chesapeake Industrial Leasing Co., Inc.  
9512 Harford Road  
Parkville, MD 21234

Chesapeake Industrial Leasing Co., Inc.  
P.O. Box 1  
Damascus, MD 20872

City of Baltimore  
Bureau of Revenue Collections  
200 Holliday St.  
Baltimore, MD 21202

Cloverland  
Bouland & Brush, LLC  
201 N. Charles Street  
Baltimore, MD 21201

CohnRexnick, LLP  
1212 Avenue of the Americas  
New York, NY 10036

Comptroller of Maryland  
Revenue Administration Division  
110 Carroll Street  
Annapolis, MD 21411-0001

Criminal Justice Information Systems  
Central Repository  
PO Box 32625  
Baltimore, MD 21282

Damascus Community Bank  
26500 Ridge Road  
Damascus, MD 20872

Dell Financial Services, L.P.  
12234 N. IH-35, Bldg B  
Austin, TX 78753

Dental Power International, Inc.  
205 Lloyd St.  
Suite 101  
Carrboro, NC 27510

Department of Health and Human Services  
Debt Collection Center  
12501 Ardennes Ave.  
Suite 200  
Rockville, MD 20857

DLLR  
111 Carroll St.  
Annapolis, MD 21411

Dunbar Security Systems  
Receivables Control Corporation  
P.O. Box 9658  
Minneapolis, MN 55440

Employee past wages older than 180 days  
c/o Hope Sachs, Esq.  
Office of the Att. General, Suite 406  
500 N. Calvert Street  
Baltimore, MD 21202

Evolve IP  
P.O. Box 1023  
Southeastern, PA 19398

Fairview Investment Fund I, LLC  
1512 11th St. Suite 208  
Santa Monica, CA 90401

Farley & Associates  
800 Barlett Ct.  
Joppa, MD 21085

Feldsman, Tucker, Leifer, Fidell, LLP  
1129 20th St. NW 4th floor  
Washington, DC 20036

FirstPoint Collection Resources, Inc.  
225 Commerce Place  
Greensboro, NC 27402

G.E. Healthcare  
c/o Brett Matuny  
D&S, Ltd.  
Austin, TX 78750

Gerald F. Landowski  
475 CrossPoint Pkwy  
Getzville, NY 14068

GlaxoSmithKline  
P.O. Box 740415  
Atlanta, GA 30374

Gordon Feinblatt  
233 Redwood St.  
Baltimore, MD 21202

Group Benefit Services, Inc.  
6 North Park Drive  
Cockeysville, MD 21030

Henry Schein, Inc.  
PO Box 382060  
Pittsburgh, PA 15250

Henry's Landscaping  
1 Bradbury Rd.  
Owings Mills, MD 21117

Insight Financial Corporation Profit  
Plan & Trust  
707 Skokie Blvd, Suite 600  
Northbrook, IL 60062

IRS  
31 Hopkins Plaza  
Baltimore, MD 21201

James, Stevens & Daniels, LLC  
1283 Collge Park Dr.  
Attn: Rayna  
Dover, DE 19904

Linowes and Blocher, LLP  
7200 Wisconsin Ave.  
Bethesda, MD 20814

M&T Bank  
25 S. Charles Street  
Baltimore, MD 21201

MAK Funding  
180 S. Western Ave.  
#110  
Carpentersville, IL 60110

Maxim Staffing Solutions  
12558 Collections Center, Dr.  
Chicago, IL 60693

McKesson Medical Surgical  
P.O. Box 933027  
Atlanta, GA 31193

Medline Insutries  
PO Box 382075  
Pittsburgh, PA 15251

Mt. Vernon Pharmacy  
900 Cathedral St.  
Baltimore, MD 21201

Office of General Counsel  
U.S. Dept. of Health and Human Services  
Parklawn Building, Room 4A-53  
Attn: Beverly R. Dart, Esq.  
Rockville, MD 20857

Open Door Unlimited, Inc.  
P.O. Box 5506  
Statesville, NC 28687

Partners for the Common Good, Inc.  
1444 Eye Street  
Washington, DC 20005

Pioneer RX  
408 Kay Lane  
Shreveport, LA 71115

Pitney Bowes  
P.O. Box 62098  
Pittsburgh, PA 15250

Roberts Oxygen Company, Inc.  
15830 Redland Rd.  
Derwood, MD 20855

Ross, Langan & McKendree, LLP  
7900 Westpark Dr.  
Suite T420  
Mc Lean, VA 22102

Royal Bank America Leasing  
550 Township Line Road  
Suite 425  
Blue Bell, PA 19422

RxCeutical  
1021 North Garfield St.  
Sutie 819  
Arlington, VA 22201

Secure Waste, Inc.  
PO Box 457  
Damascus, MD 20872

Shaffer, McLauchlin & Stover, LLC  
836 South Main Street  
Suite 102  
Bel Air, MD 21014

Sheffield Construction Co. Inc.  
678 Ritchie Hwy  
Severna Park, MD 21146

Silverman Thompson Slutkin & White  
201 N. Charles Street  
Suite 2600  
Baltimore, MD 21201

Steve Trader, Esq.  
213 Washington Street  
Cumberland, MD 21502

Superior Drug Testing  
8050 Philidelphia Rd.  
Rosedale, MD 21237

Susquehanna Commercial Finance  
2 Country View Road, Suite 300  
Malvern, PA 19355

The Afro American Newspaper  
2519 N. Charles Street  
Baltimore, MD 21218

Tier One Technology Partners  
1131 McCormick Road  
Suite 100  
Hunt Valley, MD 21031

University of Maryland Medical Center  
The University of Maryland Outreach Lab  
P.O. Box 62098  
Baltimore, MD 21264

Verizon Wireless  
PO Box 11328  
Saint Petersburg, FL 33733

Waste Management of Maryland, Inc.  
P.O. Box 13648  
Philadelphia, PA 19101

World Wide Interpreters  
516 Missouri St.  
South Houston, TX 77587

**United States Bankruptcy Court  
District of Maryland**

In re **The People's Community Health Centers, Inc.**

Debtor(s)

Case No.  
Chapter

**11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **The People's Community Health Centers, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**January 7, 2015**

Date

**/s/ Michael S. Myers**

**Michael S. Myers**

Signature of Attorney or Litigant

Counsel for **The People's Community Health Centers, Inc.**

**Scarlett & Croll, P.A.**

**201 N. Charles St.**

**Suite 600**

**Baltimore, MD 21201**

**410-468-3100 Fax:410-332-4026**